



PTO/SB/22 (08-03)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
763-29

In re Application of

Jo et al.

Application Number

10/069,561

Filed

10/22/01

For SOLUBLE TRAUMA-HEALING HEMOSTATIC CELLULOSE

Group Art Unit

1615

Examiner

S.J. Oh

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |             |
|--|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ 110.00   |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <b>one month not sent 5/27/04</b> | \$ 420.00   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ 950.00   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ 1,480.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ 2,010.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$\_\_\_\_\_.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)\_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

6/28/04

Date

Signature

George M. Kaplan

Typed or printed name

07/01/2004 POLITE1 00000064 10069561

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of \_\_\_\_\_ forms are submitted.

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Dated: June 28, 2004

George M. Kaplan  
George M. Kaplan